

# PSJ3

# Exhibit 107

# THE AMERICAN GERIATRICS SOCIETY

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**Ref: #50508**

## **“Implementing the AGS 2009 Guidelines Pharmacologic Management of Persistent Pain in Older Persons”**

### **ADDITIONAL NEEDS ASSESSMENT**

Population-based studies demonstrate that persons with chronic pain are predominantly elderly and that older persons are at risk for undertreatment of pain. A systematic literature review found eight population-based surveys (four U.S. [2, 3, 4] and four international [1, 5–7] surveys) documenting that persons with chronic pain are predominantly older. In these studies, pain was typically undertreated.

The prevalence of inadequately treated pain was assessed in a retrospective cohort study of 1492 nursing homes that participated in a demonstration project of the Health Care Financing Administration (8). Bernabei and colleagues reviewed data from 13 625 patients 65 years of age and older with cancer who had been admitted to nursing homes after hospitalization between 1992 and 1995. Of these patients, 4003 reported having daily pain, and 1019 of the patients with daily pain (26%) received no analgesic agent over the 7-day study period (8). Independent risk factors for receiving no analgesic medication included age older than 85 years, cognitive dysfunction, ethnic minority status, and prescription of 11 or more medications.

Chronic pain is a common patient complaint in primary care, yet providers and patients are often dissatisfied with treatment processes and outcomes. A study designed to assess provider satisfaction with their training for and current management of chronic pain in community clinic settings, and to identify perceived problems with delivering chronic pain treatment and issues with opioid prescribing for chronic pain, concluded that respondents reported inadequate training for, and low satisfaction with, delivering chronic pain treatment. The authors concluded that dissatisfaction with training and substantial concerns about patient self-management and about opioid prescribing suggest areas for improving medical education and postgraduate training. Emphasis on patient-centered approaches to chronic pain management, including skills for assessing risk of opioid abuse and addiction, is required.(9)

### **References**

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3. Lavsky-Shulan M, Wallace RB, Kohout FJ, Lemke JH, Morris MC, Smith IM. Prevalence and functional correlates of low back pain in the elderly: the Iowa 651 Rural Health Study. *J Am Geriatr Soc*. 1985;33:23-8. [PMID: 3155530]
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5. Anderson S, Worm-Petersen J. The prevalence of persistent pain in a Danish population [Abstract]. Proceedings of the Fifth World Congress on Pain. Pain. 1987;(4 Suppl):S332.
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7. Brattberg G, Thorslund M, Wikman A. The prevalence of pain in a general population. The results of a postal survey in a county of Sweden. Pain. 1989;37:215-22. [PMID: 2748195]
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9. Upshur CC, Luckmann RS, Savageau JA. Primary care provider concerns about management of chronic pain in community clinic populations. Gen Intern Med. 2006 Jun;21(6):652-5.

### **AGS MEMBERSHIP SURVEY FEEDBACK**

In August 2009 the AGS surveyed its membership about the topic of persistent pain. The overwhelming majority of respondents (92%) indicated that they found it difficult to assess pain in their older patients, and 94% of respondents stated that they would be interested in an educational program on how to assess and manage pain in their older patients.

### **2010 ANNUAL MEETING PROGRAM COMMITTEE**

At the same time, the Annual Meeting Program Committee (which is composed of experts in geriatrics research, education, and clinical practice) has identified persistent pain as a priority area for inclusion at the 2010 meeting given its prevalence in the U.S. population and the need for continuing education related to its diagnosis and management. Some expert commentary from 2010 Annual Meeting Program Committee members is included below:

### **EXPERT COMMENTARY**

"Persistent pain isn't a "normal" part of aging and should not be ignored. As seniors become susceptible to more complex health ailments, the need for a clear and precise pain management plan is key,"

Cheryl Phillips, MD, *AGS President*  
Chief Medical Officer, On Lok, Inc.  
1333 Bush Street  
San Francisco, CA

"The 2010 Annual Meeting Program Committee determined that, although the AGS Pain Guidelines were released in 2009, not all of our members have thoroughly read the Guidelines and a large majority of our Annual Meeting attendees need further education on the best choices for pain management in the frail, vulnerable, older adult."

Annette Medina-Walpole, MD  
Associate Professor of Medicine  
Division of Geriatrics & Aging  
University of Rochester Medical Center  
Medical Director, The Living Center  
The Highlands at Pittsford  
Pittsford, New York

Although there are several safe and effective alternatives – many of which cause less side effects – the treatment of persistent pain in older adults unfortunately largely remains focused on NSAID

therapy. With the right demonstrations and education, healthcare providers can begin to implement the recommendations in everyday practice. Utilizing the AGS Persistent Pain Guidelines will lead to better patient outcomes.

Sharon A. Brangman, MD, *AGS President-elect*  
Professor of Medicine and Division Chief of Geriatric Medicine in the Department of Medicine  
SUNY Upstate Medical University  
Syracuse, NY

## **BUDGET**

Attached please find a revised budget for this activity. We noticed that we had accidentally put the attendee meal in as a lunch when it should have been entered as a dinner, so that has been corrected. We have also removed the speaker meeting registration fees.

In our original proposal and budget, we did not include the online enduring CME activity based on the live session. That has been added to the budget and more information about that activity is included below.

## **ONLINE ENDURING CME ACTIVITY**

To further increase the reach of the educational activity, an online version of the activity will be developed and hosted on the AGS website for a period of 1 year. AGS will accredit this activity for Category 1 CME credit.

Offering the program online after the symposium will provide a larger audience the opportunity to reap some of the educational benefits from the live program. This online activity will make available the materials developed for the live symposium to a broader audience of physicians, nurses, and other healthcare workers who treat older adults with persistent pain, furthering the goal of disseminating the AGS Pain Guidelines, and improving participants ability to assess and manage persistent pain in older patients.